



Frequently Asked Questions About Medicaid Co-Payments

You, or someone in your household, may have co-payments for some Medicaid services. Below are some frequently asked questions about Medicaid co-payments.

1. What is a co-payment?

A co-payment is an amount of money that you owe to your healthcare provider for Medicaid covered services that you receive. It is usually paid at the time of service. The amount of the co-payment will depend on the service(s) that you receive.

2. Will I have a Medicaid co-payment?

- You **will not** have a co-payment if you are less than 21 years of age.
- You **will** have a co-payment if you are 21 years of age or older, unless you:
 - Are a Non-Migrant American Indian or an Alaskan Native receiving Pharmacy services
 - Are enrolled in Medicare
 - Are enrolled in the Children's Special Health Care Services Program
 - Are in a nursing home
 - Receive family planning services
 - Receive pregnancy related services
 - Receive mental health, substance abuse or developmental disability services provided and paid through the Prepaid Inpatient Health Plans, state psychiatric hospitals, state Developmental Disabilities Centers or the Center for Forensic Psychiatry
 - Receive services provided by a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Tribal Health Center (THC).
- You **may** have a co-payment if you are enrolled in a Medicaid Health Plan or a County Health Plan. Your Plan may have different co-payments than those listed on the back of this sheet. Look at your Health Plan Member Handbook or call your health plan for their co-payment information.

3. What should I do if I cannot afford to pay the Medicaid co-payment at the time I get care or services?

- Tell your provider that you cannot pay.
- You will still owe the co-payment. It is considered a debt.
- Your provider must still provide the care or service.

4. Can a Provider Refuse to See Me?

If you do not pay the co-payment(s) that you owe, a provider(s) may decide not to see you again or refuse to serve you in the future. Before a provider can deny you service, the provider must first:

- Tell you how much you owe for your co-payment(s).
- Give you a bill or receipt showing what you owe.
- Give you a reasonable time to pay the old co-payment(s).

5. Who can I call if I have questions?

- Call your provider
- Call your Medicaid Health Plan customer service. The number is on the back of your health plan ID card.
- Call the Beneficiary Helpline at 1-800-642-3195

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني ١-٨٠٠-٦٤٢-٣١٩٥

Medicaid fee-for-service co-payments are listed on the back of this sheet.

Medicaid Fee-for-Service Co-payment Amounts

If you have Medicaid fee-for-service, are over 21 and are not in a Health Plan you may have the co-payments listed below.

SERVICE	MEDICAID CO-PAYMENT	ABW CO-PAYMENT
Physician Office Visit (including free-standing urgent care clinics)	\$2	\$3
Outpatient Hospital Clinic Visit	\$1	\$3
Emergency Room Visit for Non-Emergency Service <ul style="list-style-type: none"> Co-payment ONLY applies to non-emergency services in the emergency room. There is no co-payment for true emergency services 	\$3	\$3
Inpatient Hospital Stay	\$50	Non-covered service
Pharmacy <ul style="list-style-type: none"> Medicaid does not reimburse co-payments for prescription drugs covered by Medicare Part D. 	\$1 generic drug \$3 brand drug	\$1 all drugs
Dental Visits	\$3	Non-covered service
Podiatric Visits	\$2	Non-covered service
Vision Visits <i>(Effective for dates of service on or after October 1, 2010, eyeglasses and associated vision services will not be covered for beneficiaries age 21 and older except for low-vision (i.e., eyeglasses, contact lenses, optical devices and other related low-vision supplies and services).)</i>	\$2	Non-covered service

You will not owe these amounts if you are an exempt person. You will not owe these amounts if the service is exempt.